

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Appl. No. : 10/626,218 Confirmation No.: 9652  
 Applicant : Lars Tommy Westbye et al.  
 Filing Date : July 22, 2003  
 Title : Systems and Methods for Automatic Medical Injection with Safeguard  
 Group Art Unit: 3767  
 Examiner : Catherine Witczak  
 Docket No. : 706737.4003  
 Customer No. : 34313

Mail Stop Amendment  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL**

Transmitted herewith is an amendment in the above-identified application in connection with the Office Action dated <insert date>.

Applicant hereby petitions for an extension of time under 37 CFR § 1.136  
 [fees: 37 CFR § 1.17(a)(1)-(5)] for the total number of months checked below:

EXTENSION (months)	FEE FOR SMALL ENTITY	FEE FOR OTHER THAN SMALL ENTITY
<input checked="" type="checkbox"/> one month	\$60.00	\$120.00
<input type="checkbox"/> two months	\$225.00	\$450.00
<input type="checkbox"/> three months	\$510.00	\$1,020.00
	Fee	\$60.00

☒ If an additional extension of time is required, please consider this a petition therefor.

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Fee Calculation: TOTAL AMOUNT OF PAYMENT: \$ 60.00

- A. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to Deposit Account No. 150665.  
☒ Charge any additional fee required under 37 CFR 1.16 and 1.17 to Deposit Account No. 150665.  
 B. ☐ Payment Enclosed  
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

	Claims remaining After amendment		Highest No. of Claims previously Paid For					
Total Claims	48	-	48	=	0	x	\$50.00	\$00.00
Independent Claims	5	-	5	=	0	x	\$200.00	\$0.00
Application Size Fee ((\$250 for each additional 50 sheets or fraction thereof)	200	-	100	=	100	x	250.00	\$00.00
Multiple Dependent Claims	\$360	(if applicable)	<input type="checkbox"/>					\$0.00
Surcharge 37 CFR § 1.16(e)	\$130	(if applicable)	<input checked="" type="checkbox"/>					\$0.00
<b>TOTAL OF ABOVE CALCULATIONS</b>								<b>\$00.00</b>
Reduction by ½ for Filing by Small Entity. Note 37 CFR §§ 1.9, 1.27, 1.28. <input checked="" type="checkbox"/>								\$0.00
<b>Extension of Time (from above)</b>								<b>\$60.00</b>
Assignment -- \$40 (if applicable)			<input type="checkbox"/>					\$0.00
<b>TOTAL FEES SUBMITTED HERewith</b>								<b>\$60.00</b>

Respectfully submitted,

Dated: 1-8-07

By: Samuel B. Stone

Samuel B. Stone  
 Reg. No. 19,297

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 Customer Number: 34313